

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | PS | 66621 | 9/22 |
| O.I.P.E. CLASSIFIER | | 8 | 12-27-00 |
| FORMALITY REVIEW | A.S. | 373 | 10-27-00 |
| RESPONSE FORMALITY REVIEW | MT | 523 | 12-27-00 |

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet her

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